



SOUTH BEACH MEDICAL ASSOCIATES

NEW PATIENT INSTRUCTIONS & POLICY ACKNOWLEDGMENT

Thank you for your inquiry and interest in **South Beach Medical Associates**. To establish care, please complete the following steps:

1. Patient Registration

- Complete the **New Adult Patient Registration Form** or **New Child Patient Registration Form** in full.
- For **children/minors**, please also complete the **Parental Consent Form**.

2. Submission Options

- Return completed forms to the **address or fax number** listed on our website, or
- Bring them with you to your scheduled appointment.

3. Policy Review & Acknowledgment

To establish care, patients (or parents/guardians of minors) must review and acknowledge the following policies. Please **initial** next to each policy to confirm that you have read and understand it.

Required Policies

- _____ **Patient Policy**
- _____ **Forms Charge Policy**
- _____ **Cancellations Policy**
- _____ **Financial Policy**
- _____ **Dismissal Policy**

As Applicable

- _____ **Unvaccinated Children Policy** *(if applicable)*
- _____ **Controlled Substance Agreement** *(if applicable)*

Acknowledgment

By signing below, I acknowledge that I have reviewed, understand, and agree to the above policies as a condition of receiving care at South Beach Medical Associates.

Patient Name (Print): _____

Patient Signature: _____ **Date:** _____

Parent/Legal Guardian Name (if applicable): _____

Parent/Legal Guardian Signature: _____ **Date:** _____

We appreciate your trust and the opportunity to provide medical care to you and your family.